**FEC** FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED

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FEC MAIL CENTER

		_					Office Use Only	
NAME OF     COMMITTEE (in	full)		Check if name s changed)		mple:If typing, type the lines.	12FE4M	5	
Committee	to Ele	ct Ja	mes Ree	se fo	or Congress		1 1 1 1 1	
			<u> </u>	<u>l l l</u>		<u> </u>		
ADDRESS (number an	nd street)	L	. Gay Str e 500E	eet	<u> </u>		<u> </u>	<u> </u>
(Check if ad is changed)		L_L_L	ımbus	<del></del> .	<u> </u>	OH	43215	<u> </u>
		Coic		1			732 13	للنلل
				CITY		STATE	ZIP COL	ÞΕ
COMMITTEE'S E-MA	IL ADDRES	S (Please	provide only one e	e-mail ad	dress)			
(Check if	address	Un formesseforciongress, com						
is change								
COMMITTEE'S WEB	PAGE ABD	BESS (U	IRI Y	-	•			
300000000000000000000000000000000000000	THE HEE	•	•	rcon	gręss,com			1
(Check if address is changed)								
2. DATE 11	6	" Ž(	011			·		
3. FEC IDENTIFIC	CATION NU	MBER	<b>C</b>	***. ** * * *.	Andrew State of State			
4. IS THIS STATE	MENT 🔀	NEW	/ (N) OR		AMENDED (A)			
.I certify that I have e	examined thi	is Statem	ent and to the bes	st of my	knowledge and belief it	is true, corre	ect and complete.	
Type or Print Name	of Treasurer	Jay	y Mitchell	Mor	eland			
Signature of Treasure			14	_		Date 1	1". '.06". '.	2011
NOTE: Submission of	•		•	•	bject the person signing t		-	U.S.C. §437g.
Office Use					For further information of Federal Election Commission Toll Free 800-424-9530		FEC FOF	1

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	OMMITTEE	. age =
Candidate	e Committee:	
(a) X	This committee is a principal campaign committee. (Complete the candidate information below.	)
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Name of Candidate	James Reese	
Candidate Party Affiliat	on DEM Office Sought: House Senate President	State OH District 12
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Cor	nmittee:	
(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political A	action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
<u> </u>	Corporation Wo Capital Stock	Labor Organization
	Membership Organization Trade Association	Cooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate s	egregated fund or party
_	committee. (i.e., nonconnected committee)  In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	***************************************	
Joint Fund	draising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate	
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
Con	nmittees Participating in Joint Fundraiser	
1.	FEC ID number C	a and the angular constraints and a second
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3.		er i tradicione, a cili i sur e i cili i manda agra Angustan gama (1 per la e i con esperante galeria). Angustan gama (1 per la e i con esperante galeria).
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FEC Form 1 (Revised 0	Page 3					
Write or Type Committee Name						
Committee to Elect James Reese for Congress						
5. Name of Any Cormected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor						
Mailing Address						
Walling / Wall 555						
		. 1_1 ; ; :				
	CITY STATE	ZIP CODE				
Relationship: Connected	d Organization Affiliated Committee Joint Fundraising Representative Lea	adership PAC Sponsor				
<ol> <li>Custodian of Records: Iden books and records.</li> </ol>	ntify by name, address (phone number optional) and position of the person in pos	session of committee				
Full Name Bryan	Steward					
Mailing Address	35 E. Gay Street					
maining / todioos	Suite 500E					
	Columbus OH 4321	5  -  , ,				
Title or Position	CITY STATE	ZIP CODE				
	Telephone number [614] - [46	62 290				
<ol> <li>Treasurer: List the name and any designated agent (e.g., a</li> </ol>	d address (phone number optional) of the treasurer of the committee; and the na- assistant treasurer).	me and address of				
Full Name of Treasurer	litchell Moreland					
Mailing Address	35 E. Gay Street					
	Suite 500E	<u>                                     </u>				
	Columbus OH 4321	5				
Title or Besition	CITY STATE	ZIP CODE				
Title or Position	Telephone number	62, <sub> -</sub>  0290 ,				

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Full Name of Designated Agent Dre	ama Bogart				
Mailing Address	35 E. Gay Street				
	Suite 500E	<u> </u>			
	[Columbus CITY	STATE	ZIP CODE		
Title or Position	<u>                                      </u>	hone number [614	462		
Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.  Name of Bank, Depository, etc.    Huntington National Bank					
Mailing Address	P.O. Box 1558				
		<u> </u>			
	[Columbus	ОН	43216		
	CITY	STATE	ZIP CODE		
Name of Bank, Deposito	ory, etc.				
Mailing Address					
•					
	CITY	STATE	ZIP CODE		

(3/2005)

## **Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS** The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered **Postmarked USPS First Class Mail** 11/9/11 Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation<sup>™</sup> or Signature Confirmation<sup>™</sup> Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date Overnight Delivery Service (Specify): Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 11/14/11 PREPARER